



South Carolina Department of Insurance

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MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

REQUEST FOR A DUPLICATE COPY OF A PRODUCER'S LICENSE

DATE _____

NAME OF PRODUCER _____

LICENSE # AND/OR SOCIAL SECURITY # _____

PRODUCER'S SIGNATURE _____

**YOU MUST ENCLOSE A STAMPED SELF-ADDRESSED
ENVELOPE WITH THIS REQUEST**